

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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## 1. Committee Information

a. Full Name Kat Lee For Waxhaw	c. ID Number XJM2PW
b. Mailing Address (include City, State and Zip Code) 309 Somerled Way Waxhaw, NC 28173	d. Date Filed 1/17/2018
e. Phone Number 704-771-8665	

RECEIVED

JAN 18 2018

Union Co. Board of Elections

2. Report Year 2017	3. Period Start Date (mm/dd/yy) 10/24/2017	4. Period End Date (mm/dd/yy) 12/31/2017	5. Treasurer Full Name Stephen M. Rusinko
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure				
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Fifth/Third Bank		a. Financial Institution Full Name	
b. Purpose Campaign Acc For Receipts Expenditures	c. Account Code KL1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 277.68		d. Period Begin Balance \$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Stephen M. Rusinko

Printed Name of Signer

Signature of Appointed Treasurer

01/17/2018

Date

## FOR OFFICE USE ONLY

Date Received: 1/10/18

Employee: K. Quamin

Date Postmarked: NA

Employee: K. Quamin

Date Scanned:

Employee:

Date Data Entered:

Employee:

### Delivery Method

- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

<b>1. Committee Full Name (and Fund if applicable)</b> Kat Lee For Waxhaw		<b>2. Type of Report</b> Semi Annual Year End Final		<b>3. ID Number</b> XJM2PW	
<b>Start of Election Cycle:</b> January 1, 2017		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 277.68		\$ 200.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 1339.49		\$ 3721.82	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0		\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11d and 11e)		\$ 1339.49		\$ 3721.82	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 224.65		\$ 1121.98	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 553.03		\$ 553.03	
17) In-Kind Contributions (CRO-1510)		\$ 839.49		\$ 2246.81	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1617.17		\$ 3921.82	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

# Contributions from Individuals

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Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Kat Lee For Waxhaw				XJM2PW	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Alan Gardner 6426 Snow White Field Road Waxhaw, NC 28173		Retired			
		<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>	
				\$ 590.34	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	KL1	Check		11/06/2017	\$ 500.00
<input type="checkbox"/>		In-Kind	Copying for Fly	11/01/2017	\$ 90.34
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Candice N. Definis 2313 Willow Branch Dr Waxhaw, NC 28173		Sales Manager			
		<b>c. Employer's Name/Specific Field</b>			
		SPX - Flow			
				<b>e. Election Sum to Date</b>	
				\$ 262.15	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>		In-Kind	Envelopes	10/30/2017	\$ 41.93
<input type="checkbox"/>		In-Kind	Envelopes	11/01/2017	\$ 70.22
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Kat Lee 390 Somerled Way Waxhaw, NC 28173		Housewife			
		<b>c. Employer's Name/Specific Field</b>			
				<b>e. Election Sum to Date</b>	
				\$ 2556.32	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>		In-Kind	Stamps	10/31/2017	\$ 294.00
<input type="checkbox"/>		In-Kind	Stamps	10/31/2017	\$ 343.00
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>				\$ 1339.49	
<b>5. Total of ALL CRO-1210 Pages</b>				\$ 1339.49	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

# Disbursements

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Kat Lee For Waxhaw					XJM2PW	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
James A Romagnoli All Star Food Truck 803-323-7353						
<div style="text-align: center;"> <b>RECEIVED</b>  <b>JAN 18 2018</b>            Union Co. Board of Elections         </div>			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KL1	Check	O	11/27/2017	\$75.00	Event Catering	
				\$		
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Fifth/Third Bank 8100 Kensington Drive Waxhaw, NC 28173						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 61.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KL1	Debit Card	O	11/16/2017	\$11.00	Monthly Fee	
KL1	Debit Card	O	12/18/2017	\$11.00	Monthly Fee	
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
UPS Store #3 13663 Providence Road Matthews, NC 28104						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 127.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KL1	Debit Card	B	10/30/2017	\$127.65	Printing Flyer	
				\$		
<b>5. Total only this Page</b>					\$ 224.65	
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 224.65	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate E - Salaries      F* - Equipment      G - Political Party      H* - Holding Public Office Expenses I - Postage      J - Penalties      K* - Office Expenses      Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						



# Refunds/Reimbursements From the Committee

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Amendment  
☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Kat Lee For Waxhaw				XJM2PW	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Kat Lee 309 Somerled Way Waxhaw, NC 82173  <div style="text-align: center;"> <b>RECEIVED</b>  <b>JAN 18 2018</b>  <i>Union Co. Board of Elections</i> </div>			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		01/16/2018
			<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 553.03
			<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
			L		\$ 2556.32
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>g. Comments</b>	
Housewife				KL1	
<b>i. Form of Payment</b>	<b>m. Required Remarks</b>			<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Check				01/16/2018	\$ 553.03
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>g. Comments</b>	
<b>i. Form of Payment</b>		<b>m. Required Remarks</b>			<b>o. Amount</b>
					\$
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
					\$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>g. Comments</b>	
<b>i. Form of Payment</b>		<b>m. Required Remarks</b>			<b>o. Amount</b>
					\$
<b>4. Total only this Page</b>					\$ 553.03
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 553.03
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kind      O* Other					
* Codes require detailed explanation in required remarks field (m)					

# In-Kind Contributions

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Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b> Kat Lee For Waxhaw		<b>2. ID Number</b> XJM2PW	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Candice N. Definis 2313 Willow Branch Dr Waxhaw, NC 28173		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
<div style="text-align: center;"> <p><b>RECEIVED</b></p> <p><b>JAN 18 2018</b></p> <p>Union Co. Board of Elections</p> </div>		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b> \$ 262.15	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Envelopes for Mailing		10/30/2017	\$ 41.93
Envelopes for Mailing		11/01/2017	\$ 70.22
			\$
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Alan Gardner 6426 Snow White Field Road Waxhaw, NC 28173		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b> \$ 590.34	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Color Copying for Mailing		11/01/2017	\$ 90.34
			\$
			\$
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Kat Lee 390 Somerled Way Waxhaw, NC 28173		<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b> \$ 2556.32	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Stamps		10/31/2017	\$ 637.00
			\$
			\$
<b>4. Total only this Page</b>			\$ 839.49
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 839.49



# NORTH CAROLINA

State Board of Elections & Ethics Enforcement

RECEIVED  
JAN 18 2018

Union Co. Board of Elections

## Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

### FILED BY:

Committee Name: KAT LEE FOR WAXHAU  
Treasurer Name: STEPHEN M. RUSINKO  
Treasurer Address: 2501 PROVIDENCE ROAD SOUTH  
(include city, state, & zip) WAXHAU  
NC  
28173  
Treasurer Phone: 704-843-0525

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

January 17, 2018  
Date Signed

Stephen M. Rusinko  
Signature